**Teacher Referral to the Support Team**

 

**Special Education**

**Intellectually Gifted**

 *“Intellectually gifted” means a child whose intellectual abilities and potential for achievement are so outstanding that the child’s educational performance is adversely affected. “Adverse affect” means that the general curriculum alone is inadequate to appropriately meet the student’s educational needs.*

[State Board Rules and Regulations 0520-01-09-.02(11)]

Oak Ridge Schools is committed to providing a world-class educational environment to all students. Because we offer an extraordinary portfolio of advanced courses, and hire teachers who are highly qualified in the subjects they teach, our first priority is to serve the needs of gifted and talented students in the general education classroom through differentiation and advanced coursework. However, we recognize that some gifted students have an “adverse affect” and require additional services beyond what can be offered in the general education classrooms.



If you believe that your student may require additional services, please complete the attached packet which is necessary to better understand your student’s gifts, talents, and potential candidacy for consideration of a comprehensive evaluation to determine eligibility for Special Education services due to adverse affects of Intellectual Giftedness. The completed packet (pages 1-6) should be returned to the School Counselor.

Gifted Education ..... 304 New York Avenue, Oak Ridge, TN 37831 .....(865) 425-9027

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This referral form is completed when referring a student for consideration of a comprehensive evaluation to determine eligibility for Special Education services.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Review of AttendanceCurrent Days Absent: \_\_\_\_\_\_\_\_Last Year Days Absent: \_\_\_\_\_\_\_Retention Grade(s): \_\_\_\_\_\_\_\_\_Schools Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Review of Health Info *Date Results*Hearing: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Vision: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Motor Concerns & Med Diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Discipline RecordNumber of Discipline Referrals: \_\_\_\_\_Number of Suspensions: \_\_\_\_\_\_\_\_\_\_Violations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| English Proficiency  | Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long has the student spoken English: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Language Spoken in Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EnvironmentalCulturalEconomics |  Home responsibilities interfere with learning activities  Limited experiences in majority-based culture or activities of any culture Free or reduced lunch Household has limited enrichment materials/experiences |
|  Motivation | Does the student want to succeed in school? Yes NoDoes he/she seek assistance from others? Yes NoDoes he/she work with effort with homework/study? Yes NoIs the student making an effort to learn? Yes NoAre the achievement scores consistent with grades? Yes No |
| Situational Trauma | Has the student experienced a recent trauma or any other situation that could create stress or emotional upsets? Yes NoExplain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has there been a change in the student’s performance within a short period of time (6-12 months? Yes NoExplain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Teacher Referral to the Support Team**

 

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**GENERAL EDUCATION TEACHER’s INPUT - Documentation of Response to Intervention**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carefully consider this student’s performance and provide as much information as possible regarding this student’s typical daily performance in your classroom. His or her behavior should be evaluated in comparison to a typically functioning student of the same grade and in terms of appropriate developmental stages and expectations.

1. What grade level curriculum has the student mastered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. To what extent has this student accessed supplemental materials and activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To what extent does this student have access to intellectual peers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What specific goals or abilities does this student have that go beyond the scope of the general education program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What school resources, such as science lab, chess club, honors/advanced placement classes are available to this student to assist meeting his/her needs? To what extent is the student accessing these resources? \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What educational opportunities are accessed by this student outside of school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To what extent is there evidence of a discrepancy between potential and actual performance in the general education program (i.e. underachievement) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How unique is this student compared to other students in his/her classroom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do the maturity and social/emotional levels of this student compare to other general education classmates? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is this student’s intellectual abilities and potential for achievement so outstanding that special provisions are required to meet his/her needs? Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teacher’s Signature Date

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Please complete all areas in which your student’s needs may not be met and provide specific clarification of the concern as well as any strategy that has been attempted.

|  |  |
| --- | --- |
| **Area of Concern** | **Specific Clarification & Classroom Strategies** |
| Reading (including Reading Comp)  |  |
| Writing  |  |
| Math (Calculation & Reasoning) |  |
| Organization/ Work Completion |  |
| Spoken Language or Listening Comp |  |
| Motor Skills (Fine & Gross)  |  |
| Activity Level or Focused Attention |  |
| Peer Relationships & Social Skills |  |
| Aggressive/ Angry Behaviors |  |
| Anxiety – Nervous or Worried  |  |
| Oppositional /Probs Following Rules |  |
| Attendance or Frequent Tardies |  |
| Other |  |

***On Page 4 and 5 – Please find additional requests for documentation of classroom interventions.***

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 Review of Parent Conferences: By Phone Conference Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_ Summary & Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_ Summary & Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Teacher Signature

 Date

  **PLEASE ATTACH:**

*To be completed by School Counselor:*

Date Received

 Work Samples

 Standardized Assessment Scores (TCAP)

 AIMSWeb Printouts for Reading and Math

 History of Grades (Photocopy Cumulative Records or Skyward Printout)